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maintenance fee notifical	tions.		(a) specifying a new corre				
CURRENT CORRESPONDI	o Not Fee pap hav	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
38505 MICHAEL W. P.O. BOX 3791 ORLANDO, FL		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
							(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNI	ORNEY DOCKET NO.   CONFIRMATION NO.	
10/576,889	6,889 01/22/2007		Thorsten Wohland		40594		8309
TITLE OF INVENTION: FLUORESCENCE CORRELATION SPECTROSCOPY WITH SINGLE EXCITATION WAVELENGTH							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	e fee t	OTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0		\$1020	12/19/2008
EXAM	INER	ART UNIT	CLASS-SUBCLASS	]			
TANINGCO,	MARCUS H	2884	250-458100	•			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR i.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: United recordation as set forth (A) NAME OF ASSICE CONTROL (A) Please check the appropriate of the second control (A) Please check the appropriate of the second control (A) Please check the second	ess an assignee is ident in 37 CFR 3.11. Comp GNEE University late assignee category of	tified below, no assigne pletion of this form is No	printed on the patent):	atent. If an assign assignment.  Y and STATE OR COOPE  Individual Co	COUNTRY Sixx	O POPP.	up entity 🗖 Government
4a. The following fee(s) a  Issue Fee Publication Fee (N  Advance Order - #	o small entity discount p	D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge we required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number OF COLD (enclose an extra copy of this form).					
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Authorized Signature	Meld Michael	C. Jayl	*****	Date/	1-18-	. 08	
Typed or printed name	Michael	L. Tayl	br	Registration N	Io. <u>4</u>	3,182	The state of the s
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